AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

AYURVEDIC TREATMENT REGIME OF BILATERAL POLYCYSTIC OVARIAN SYNDROME

Lipakshi Agrawal[1]*, Diksha Khathuria[2], Narendra Kumar Meena[3]
*[1]PG Scholar, [2]Lecturer, [3]Associate Professor & HOD, PG Department of Prasuti Tantra & Striroga, M.M.M. Govt. Ayurveda College, Udaipur, India.

Article info
Article History:
Received: 23-01-2025
Accepted: 27-02-2025
Published: 20-03-2025
KEYWORDS:
Bilateral polycystic ovaries, Ayurveda Treatment regime.

ABSTRACT

In this present case study, 20 years old woman patient consulted the Ayurvedic OPD of M.M.M. Govt. Ayurveda College & Hospital, Udaipur, with the complaint of irregular menses begin shortly after menarche, extra body hairs, lower abdominal pain and generalized weakness. She was advised for ultrasonography (USG) and the findings suggested both ovaries appear normal in 4 size, and showing multiple small peripherally arranged follicles with echogenic ovarian stroma. She was supposed to be treated with traditional Ayurvedic formulations like*; Lata karanja beeja churna, Chandraprabha vati, Stanya shodhan mahakashaya, Erand bhrishta haritki* and the case was treated for eight months with the goal of relieving symptoms and dissolving the multiple small follicles in the ovaries. In this case study we use only traditional Ayurvedic medicines for the treatment. Patient's condition was assessed through USG after eight months of treatment for polycystic ovaries which was completely relieved. Therefore, this study was conducted to evaluate one of the treatment regimens for polycystic ovaries.

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is a health condition that is becoming increasingly common these days and is the most common endocrine disorder in a woman of reproductive age. It was first described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries. It is a multifactorial and polygenic condition which is characterized by excessive androgen production by the ovaries mainly. This syndrome is due to dysregulation of cyp11a gene, upregulation of enzymes in androgen biosynthetic pathology and insulin receptor gene on chromosome 19p. When we suspect polycystic ovaries, it is important to make a diagnosis clinically or by laboratory investigations. Most commonly used diagnostic criteria is Rotterdam's criteria (ESHRE/ASRM,2018) which includes menstrual irregularity, symptoms or findings of hyperandrogenism and polycystic ovaries on ultrasonography. Diagnosis is based upon the presence of any two of the above three criteria. Hyperandrogenism is considered the key feature for the syndrome. The incidence varies between 0.5–4%, more common amongst infertile women. It is prevalent in young reproductive age group (20–30%) and may be seen in about 20% of normal women.

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v12i1.1948

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

Pathogenesis

Regular intake of *Guru madhurasheeta picchila Ahara* and *Viharas* like *Ratrijagarana, Atichinta,* and *Akala bhojana* may cause aggravation of *Kapha* and *Vata dosha* respectively. Above *Mithyaahara viharas* develop *Agnimandhya* and in turn, leads to the formation of *Ama*. This *Ama* thus formed along with vitiated *Doshas* will vitiate *Rasa dhatu* and it will simultaneously vitiate *Artava* which is known as *Upadhatu* of *Rasa*. Vitiated *Ama* cause *Srotavarodha* in *Artavavahasrotas* leading to *Anartava or Alpartava*. *Agnimandhya* leading to vitiation of *Pitta* will also contribute to

Artavakshaya. Following this, the vitiated *Rasadhatu* will further vitiate *Medo dhatu* having similar properties of *Kapha* and *Rasa* by deranging *Medodhatwagni* and will result in *Medovruddhi* and in turn cause *Medovikaras* like *Granthi, Prameha, Sthaulya* etc.

Case Study

One of the most common endocrine disorders in females of reproductive age group today is PCOS. It represents with multiple manifestations and is highly affected by body weight and the metabolic status. It is characterized hormonally by an inappropriate gonadotropin secretion having an elevated level of LH and low FSH secretion in the ratio of 2–3/1. If FSH is low/absent for a longer period it will be responsible for immature follicles by increased activity and expression in ovary theca cells and eggs will not be released. Patient may also present with other symptoms like acne, acanthosis, insomnia or sleeping disorder, seborrhoea. Due to immature follicles formation small cysts are formed in ovaries. Here, we introduce a case of polycystic ovarian syndrome that was successfully treated after Ayurvedic management.[1]

Case Presentation

A female patient, 20 years old, came to Prasuti Tantra and Striroga OPD of MMM Govt. Ayurveda College, Udaipur, on 23 December 2023, with chief complaint of irregular menses begins shortly after menarche, extra body hairs, lower abdominal pain and generalized weakness. She had also brought her lab reports like USG and some other blood investigations along with her. She was diagnosed with bilateral polycystic ovaries. She took advice from allopathic hospital for taking hormonal therapy but she was not ready for it. So, for above cause she came to our hospital for further advice and Ayurvedic management.

Menstrual History

- Age of menarche- 13 years
- Patient said that her duration of menstrual cycle was of 2-3 days with irregular interval of 2 to 6 months, amount of bleeding was scanty and associated with lower abdominal pain and radiate to lower back.
- **Family history-** No relevant family history.
- **Past Medical History**- No relevant history was present.
- **Past surgical history-** There was no significant history found.
- **Drug History**- Allopathy treatment was taken for lower abdominal pain and hair fall.
- **Marital Status**- Unmarried
- **Personal history-** Sleep was disturbed occasionally, appetite, bowel and bladder habits were all normal.

Clinical Findings

General examinations: Built- Obese, Weight- 71kg, Height- 153cm, Pulse rate- 74 min, B.P- 116/76mm ofHg, Respiration rate- 18/min, Temp.- 98.6°F.

Per abdomen: It was soft, non-tender and no organomegaly was detected.

Physical Examination

Ashtavidhapariksha

- *Nadi- Vatapitta*
- *Mutra- Samyak*
- *Mal- Asmyak*
- *Jihva- Malavritt*
- *Shabd- Samyak*
- *Sparsha- Ushna*
- *Drika- Samanya*
- *Akriti - Madhyam*

Dashvidhapariksha

- *Prakriti* (Nature)- *Vatakaphaja*
- *Sara* (Purest body tissue)- *Madhyama* (medium)
- *Samhanana* (Body compact)– *Avara* (minimum)
- *Pramana* (Body proportion)- *Madhyam* (medium)
- *Satmya* (Homologation) – *Madhyam* (medium)
- *Satva* (Mental strength) – *Madhyam* (medium)
- *Vaya* (Age)- *Yuvati*
- *Vyayamshakti* (To carry on physical activities) – *Avara* (least capability)
- *Aharashakti*- (Food intake and digestive power)- *Madhyam*
- *Abhyavaranashakti & Jaranashakti – Madhyam*

Systemic Examination

- CVS: Heart sounds (S1S2): Normal
- Respiratory system: normal bilateral air entry, no added sounds
- No abnormality found on other system

***Samprapti Ghataka* (Pathogenic factor)**

- *Dosha- Vata, Kapha*
- *Dushya- Rasa, Rakta, Meda, Artava*
- *Srotas - Rasa, Rakta, Meda, Artava*
- *Strotodushti- Sanga*
- *Agni- Agnimandya*

- *Rogmarga- Aabhyantara*
- *Vyakta sthana- Garbhashaya, Twak, Mamsa, Meda, Artava*

Timeline

A 20-year-old unmarried woman, presented to the outpatient department with the complaints of irregular menses begins shortly after menarche (menstrual intervals varying from 2 to 6 months). Her menstrual flow was described as scanty (2-3 days in duration), and she occasionally experienced dysmenorrhea (lower abdominal pain during the first 3 days of menses). The patient also reported significant weight gain and mild hirsutism (increased facial and body hair growth), suggestive of androgen excess. The patient had been diagnosed with bilateral PCOS on ultrasound. She had a previous history of allopathic treatment for menstrual irregularities over 4 years, with only temporary improvements while on medication.

On further enquiry, the patient reported a history of unhealthy dietary habits, including excessive consumption of fried foods, junk foods, and sweets, which she acknowledges may have contributed to her weight gain and hormonal imbalance. Additionally, she had a lifestyle involving late-night shifts and irregular sleep patterns, contributing to stress and further exacerbating her condition.

In summary, the patient has bilateral PCOS, and hormonal imbalances (manifested by oligomenorrhea, hirsutism, and weight gain).

Diagnostic Assessment

Pelvic Ultrasound (USG)

- **Both ovaries:** Appear normal in size, and showing multiple small peripherally arranged follicles with echogenic ovarian stroma.
- **Uterus:** Is anteverted, anteflexed normal in size, outline and echotexture. Endometrium in midline and normal in thickness (approx 4.3mm).

Treatment Protocol

The treatment was carried out with the following medicines for eight months.

No contributing allopathic medicine was administered throughout the duration of the treatment.

S.No.	Medicine	Dose
1.	*Lata Karanja Beeja Churna* (3gm)	Bid with warm water- after meal
2.	*Chandraprabha Vati* (250mg Tab)	Bid with warm water- after meal
3.	*Stanya Shodhan Mahakashaya* (10gm)	Twice daily -empty stomach
4.	*Erand Bhrishta Haritki* (250mg Tab)	2 HS At bed time

Treatment Goal: Regulate menstrual cycles, improve ovarian function

Date	Medication	Dose	Duration
December 2022	*Lata karanja beeja churna, Chandraprabha vati, Stanya shodhan mahakashaya*	Per prescribed dose	1 cycle
January 2023	Continue Ayurvedic regimen as above and added *Erand bhrishta haritki*	Per prescribed dose	follow-up 1 cycle
March 2023	Continue Ayurvedic regimen, monitor progress	Per prescribed dose	2nd cycle
April 2023	Follow-up consultation	Continue Ayurvedic regimen, monitor progress	3rd cycle, 3 months of treatment
June 2023	Continue Ayurvedic regimen, monitor progress	Per prescribed dose	
August 2023	USG: B/L ovaries are normal in size. No pelvic mass lesion is seen. No significant abnormality is seen.	-	Early confirmation of pregnancy

Follow-Up and Outcome

After 8 months of Ayurvedic treatment:

- USG showed B/L ovaries are normal in size. No pelvic mass lesion is seen.
- No significant abnormality is seen.
- She had regular menses and get relief in painful menses.

RESULT

In the end of the treatment patient got satisfied with the outcome. Her ultrasound reports revealed no evidence of bilateral polycystic ovaries along with symptoms. Her pain was also reduced, and she was completely cured with Ayurvedic treatment with no recurrence of any signs and symptoms until now.

Patient consent

Written consent of patient for publication of this case study in the journal was obtained.

Pathya

- *Godhuma, Shali, Mudga, Tila, Masha, Yavanna*
- Advised exercise at least 30 minutes brisk walking, jogging, *Suryanamaskar*.
- To maintain adequate amount of fluid intake.
- To consume more green leafy vegetables (capsicum, broccoli, spinach, cabbage, bathua, methi, beans) sesame seeds, flax seeds, fruits (orange, apple, papaya, grapes), and jaggery in diet.
- Include herbs such as cinnamon, garlic, and fenugreek in diet.

Apathya

- Spicy, oily, overeating, fried food, bakery items, fermented items, carbonated drinks, *Virudhashana*, use of refrigerated water, ice creams, cold drinks, mental stress, worries, over anxiousness, avoid smoking, alcohol, and narcotics.

Probable Mode of Action of drugs

Lata Karanja Beeja Churna: It was prescribed due to its *Kaphavata shamaka* properties i.e., which alleviates the aggravated *Vata* and *Kapha doshas*. *Katu-tikta rasa* will remove *Srotavarodha* which in turn helps in *Agnideepana* and *Uttarothara dhatu poshana*. Improved state of *Agni* and *Dhatus* will also cause the enhancement of *Artava (Upadhatu* of *Rasa dhatu)*. Due to its *Medovilayana* activity it helps to relieve *Medojanyavikaras (Prameha, Sthaulya).*[5] *Raktashodhana* (purification of blood*), Lekhana* (bio-scraping) *and Shothahara* (anti-inflammatory) properties shows significant effect in *Granthi*.[3]

Chandraprabha Vati: It works as haematinic (increases hemoglobin levels due to presence of *Loha bhasma*), digestive stimulant (improves anorexia nervosa or mental stress due to over work load), as an emmenagogue (regularize hormone levels for normal menstrual flow and better reproductive health). The result might be an effect of *Ushna, Teekshna* drugs which relieves the *Avarana* and there by the *Artava pravrutti* and is beneficial in relieving anxiety, mental stress, and depression.

Stanya Shodhan Mahakashaya

पाठामहौषधसुरदारुमुस्तमूर्वागुडूचीवत्सकफलकिराततिक्तककटुरोहिणीसारिवा इति दशेमानि स्तन्यशोधनानि भवन्ति" (च.सू .4/12)7

Pitta dosha is mainly responsible for any metabolic and hormonal changes in body. Due to *Pitta Dosha vikruti* there is *Vikruti* in *Stanya* and *Artavutpati* from *Rasdhatu.* So, in the management of PCOS *Pitta* and *Vata dosha shaman* is also important. Drugs in *Stanya Shodhan Gana* are having properties of *Rasayana, Raktashodhana*. Also, provide *Vata shaman* action which helps in ovulation.

Erand Bhrishta Haritki - *Haritaki* is attributed with many qualities like act as *Deepana* (appetizer), *Pachana* (digestive), *Anulomana* (carminative), *Rasayana* (rejuvenator), *Medya* (intellect promoting), *Prajasthapnana* (helps in implantation).[6] EBH is a widely used formulation in the management of *Vatavyadhi*, *Ajeerna* (indigestion) and *Aruchi* (anorexia*)* diseases. So, is helpful in *Amapachana* and helps in *Vataanulomana* in PCOS.*[4]*

CONCLUSION

In the modern medical system, hormonal and surgical interventions are the only available treatments for PCOS. There are several treatment options available, but ultimately the treatment depends on the patient's symptoms. Above Ayurvedic treatment helps patients to treat with PCOS, though there are very less Ayurveda medicines which cure PCOS without any recurrence. From this case study, we can conclude that Ayurvedic drugs are effective in treating PCOS and require further studies for longer periods and larger sample sizes.

REFERENCES

1. Dayani Siriwardene SA, Karunathilaka LP, Kodituwakku ND, Karunarathne YA. Clinical efficacy of Ayurveda treatment regimen on Subfertility with Poly Cystic Ovarian Syndrome (PCOS). Ayu. 2010 Jan;31(1):24-7. doi: 10.4103/0974-8520.68203. PMID: 22131680; PMCID: PMC3215317.

2. Dutta D.C. Text book of Gynaecology. 4th edition. Culcutta: New central book Agency Ltd; p. 421. (431, 523, 549, 558).
3. Nangare R, Dhole D, Mhaisekar J, Shende KL. Role Latakaranja Vati in the Management of Polycystic Ovarian Syndrome: A Case Study. International Journal of Research in AYUSH and Pharmaceutical Sciences. 2018; 1(5): 181-3.
4. Dwivedi V. Bhaaprakasha Nighantuhu. 9th ed. Reprint 2007. New Delhi: Motilal Banarasidas Publication; 2007. p. 7.
5. Suryawanshi H, Patel MJIJRPC. Traditional uses, medicinal and phyto-pharmacological properties of Caesalpinia crista Linn–An overview. 2011; 1(4): 1179-83.
6. Chunekar KC. Bhavprakash Nighantu of Bhavmishra. Varanasi Reprint Edition 2015. Varanasi: Chaukhamba Bharati Academy, Haritakyadi Varga; 2007. p.5
7. Acharya Caraka, Caraka Samhitha, translation by Shastry Girishankar Maya Shankar, Sastu Sahithya Vardhaka Karyalaya Ahmadabad 3rd edition 1981, ch.su.4/12

Cite this article as:
Lipakshi Agrawal, Diksha Khathuria, Narendra Kumar Meena. Ayurvedic Treatment Regime of Bilateral Polycystic Ovarian Syndrome. AYUSHDHARA, 2025;12(1):136-140.
https://doi.org/10.47070/ayushdhara.v12i1.1948
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Lipakshi Agrawal
PG Scholar
PG Department of Prasuti Tantra & Striroga
M.M.M. Govt. Ayurveda College, Udaipur.
Email: lipakshi0798@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.